



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

January 25, 2013

## Public Health & Emergency Preparedness Bulletin: # 2013:03 Reporting for the week ending 01/19/13 (MMWR Week #03)

### CURRENT HOMELAND SECURITY THREAT LEVELS

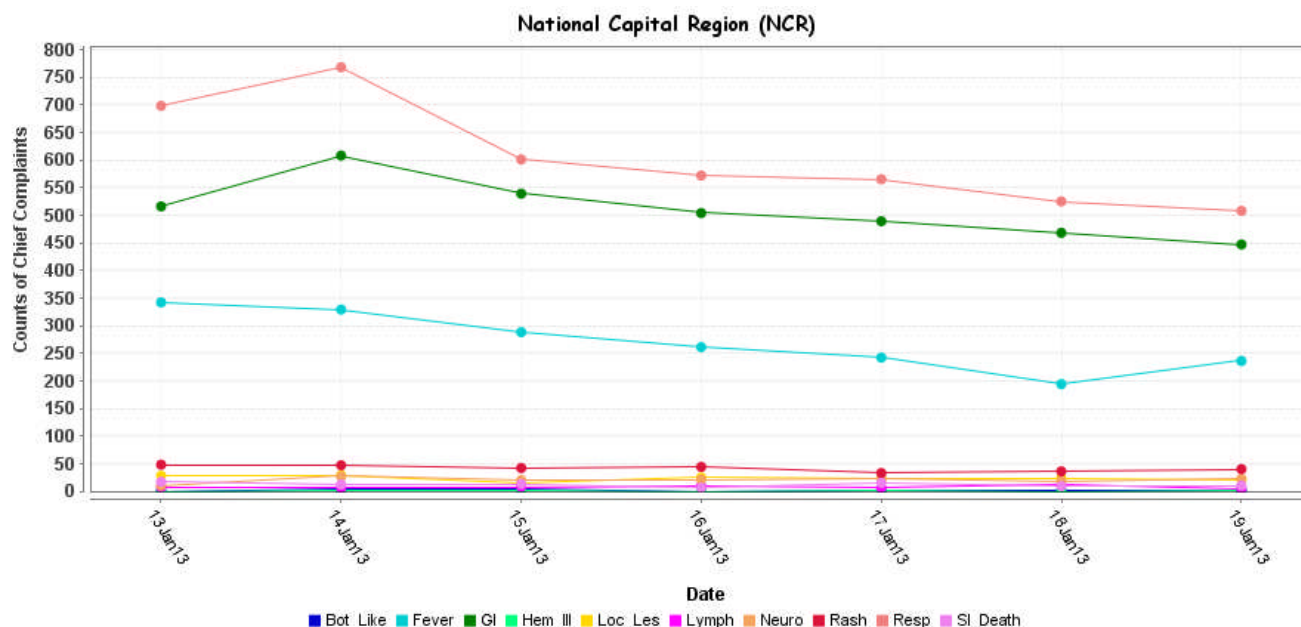
National: No Active Alerts  
Maryland: Level One (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

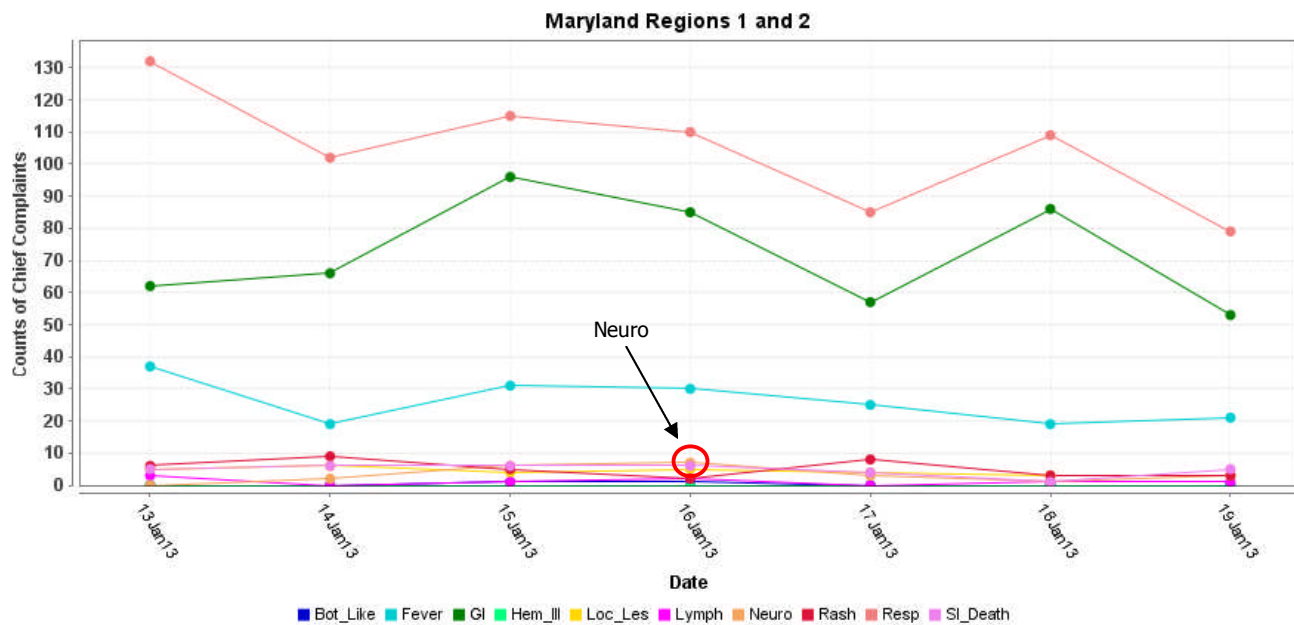
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

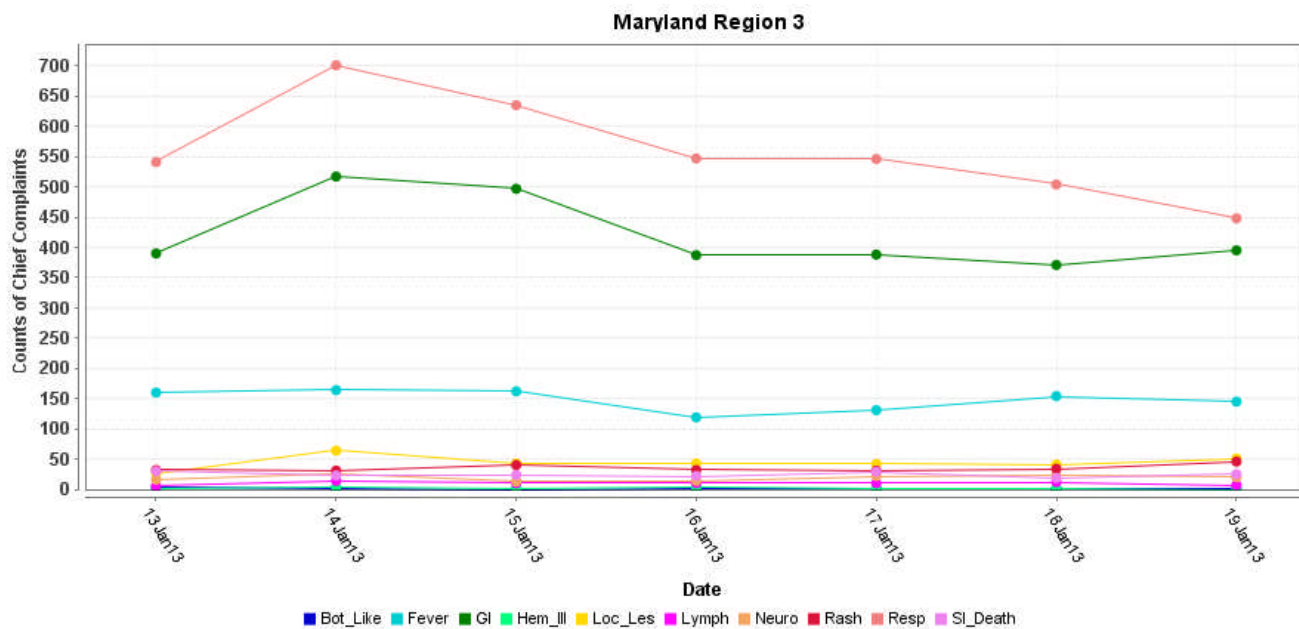


\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

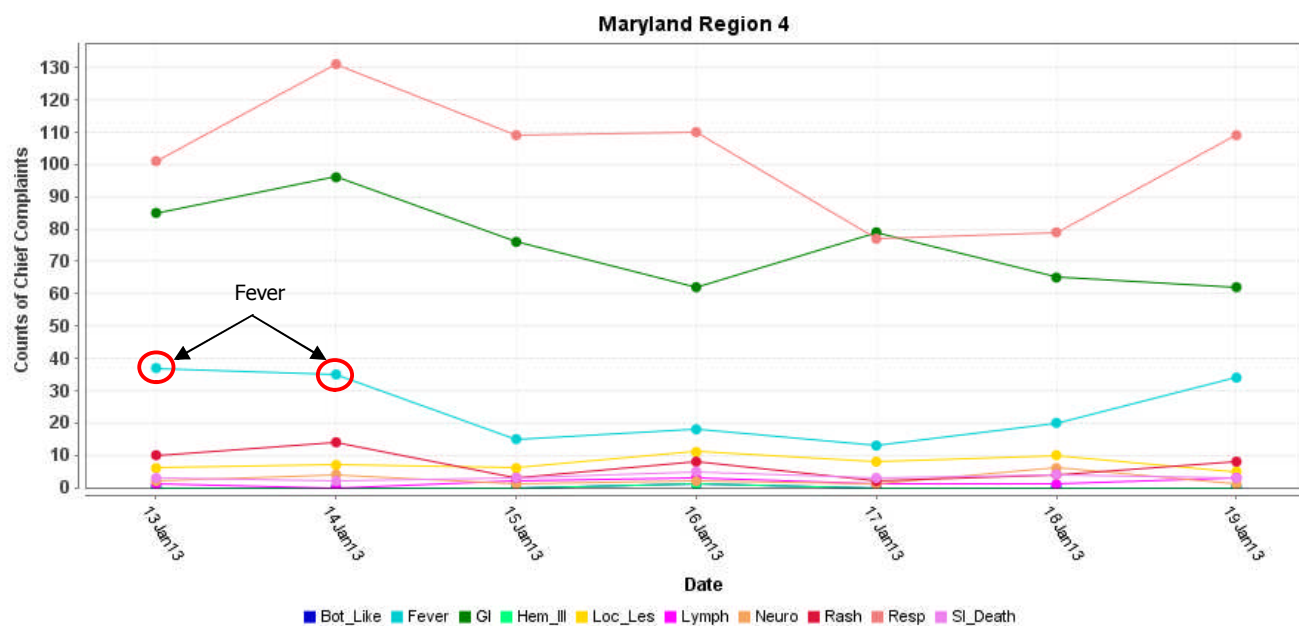
**MARYLAND ESSENCE:**



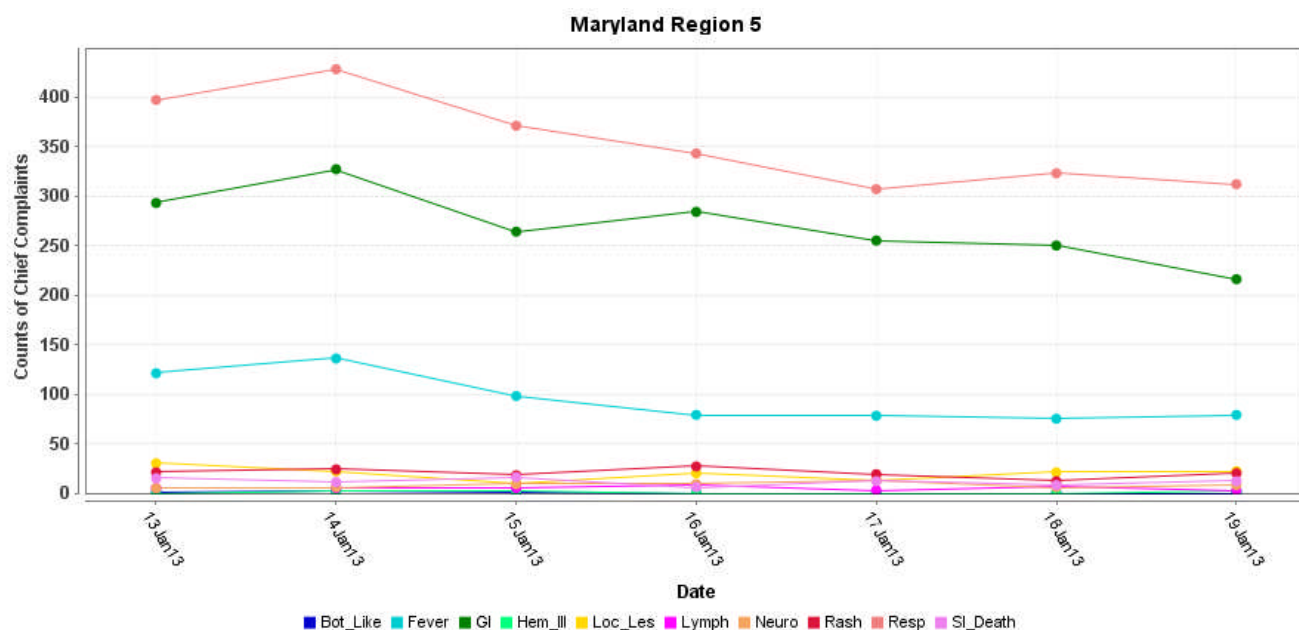
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

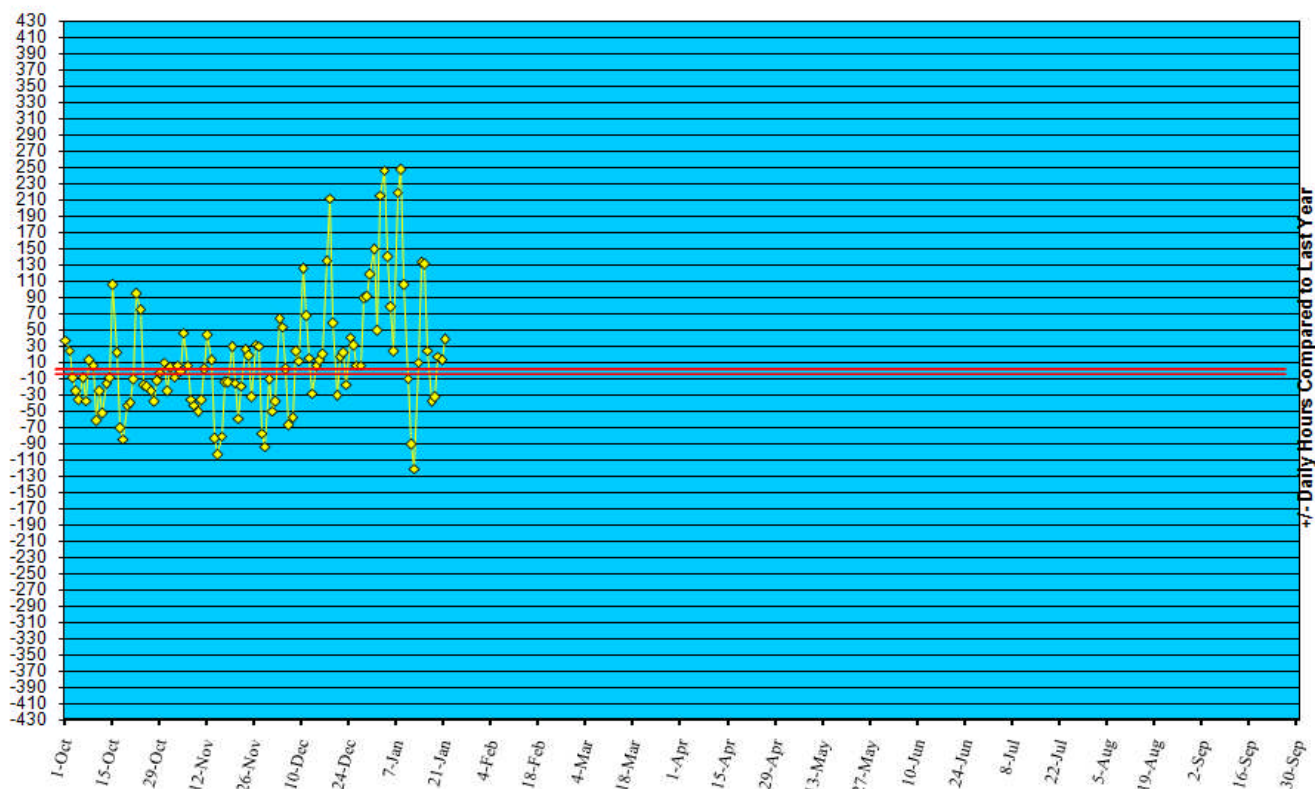


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/11.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to January 19, '13**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2012 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

#### **Meningitis:**

New cases (January 13 –January 19, 2013):

Prior week (January 6 –January 12, 2013):

Week#3, 2012 (January 15 – January 21, 2012):

#### **Aseptic**

4

7

9

#### **Meningococcal**

0

0

0

### 33 outbreaks were reported to DHMH during MMWR Week 3 (January 13-19, 2013)

#### 10 Gastroenteritis Outbreaks

6 outbreaks of GASTROENTERITIS in Nursing Homes  
3 outbreaks of GASTROENTERITIS in Assisted Living Facilities  
1 outbreak of GASTROENTERITIS in a Day Care Center

#### 2 Foodborne outbreaks

2 outbreaks of GASTROENTERITIS/FOODBORNE associated with Restaurants

#### 21 Respiratory illness outbreaks

10 outbreaks of INFLUENZA in Nursing Homes  
2 outbreaks of INFLUENZA in Assisted Living Facilities  
3 outbreaks of INFLUENZA/PNEUMONIA in Nursing Homes  
2 outbreaks of INFLUENZA/PNEUMONIA in Assisted Living Facilities  
1 outbreak of ILI in a Nursing Home  
1 outbreak of ILI in a School  
1 outbreak of ILI/PNEUMONIA in a Nursing Home  
1 outbreak of PNEUMONIA in a Nursing Home

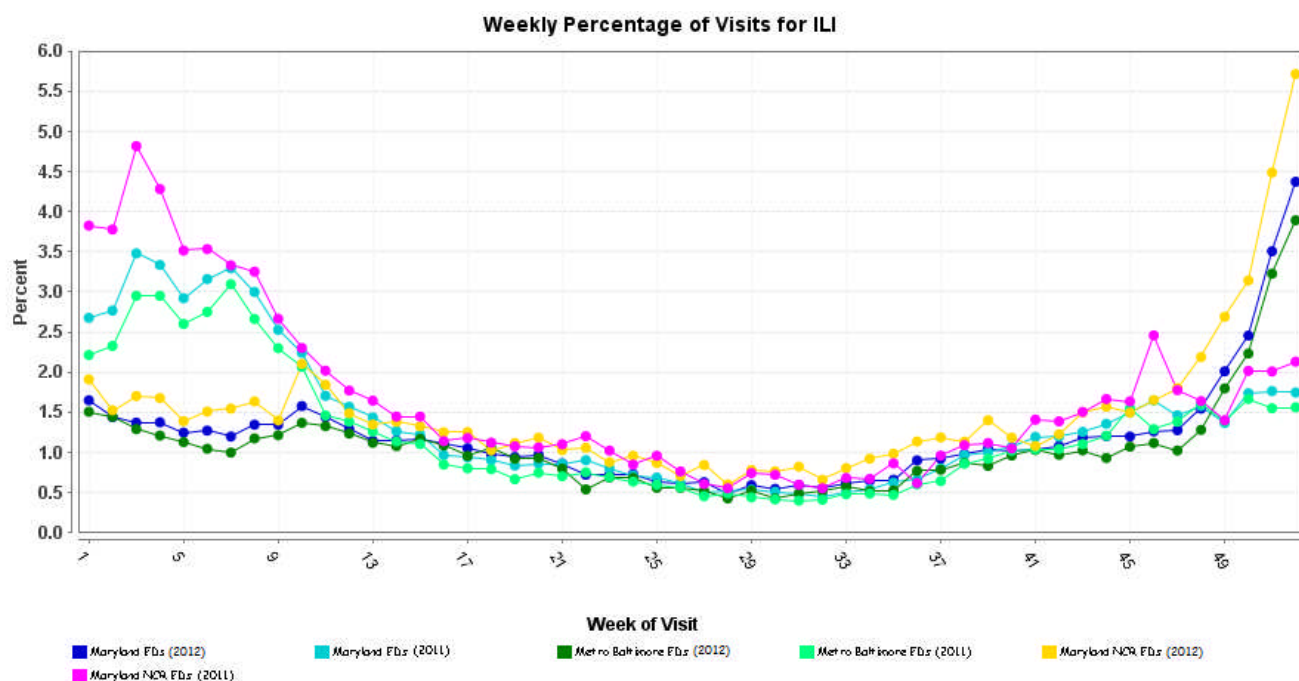
### **MARYLAND SEASONAL FLU STATUS**

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 3 was: Widespread Activity with Minimal Intensity.

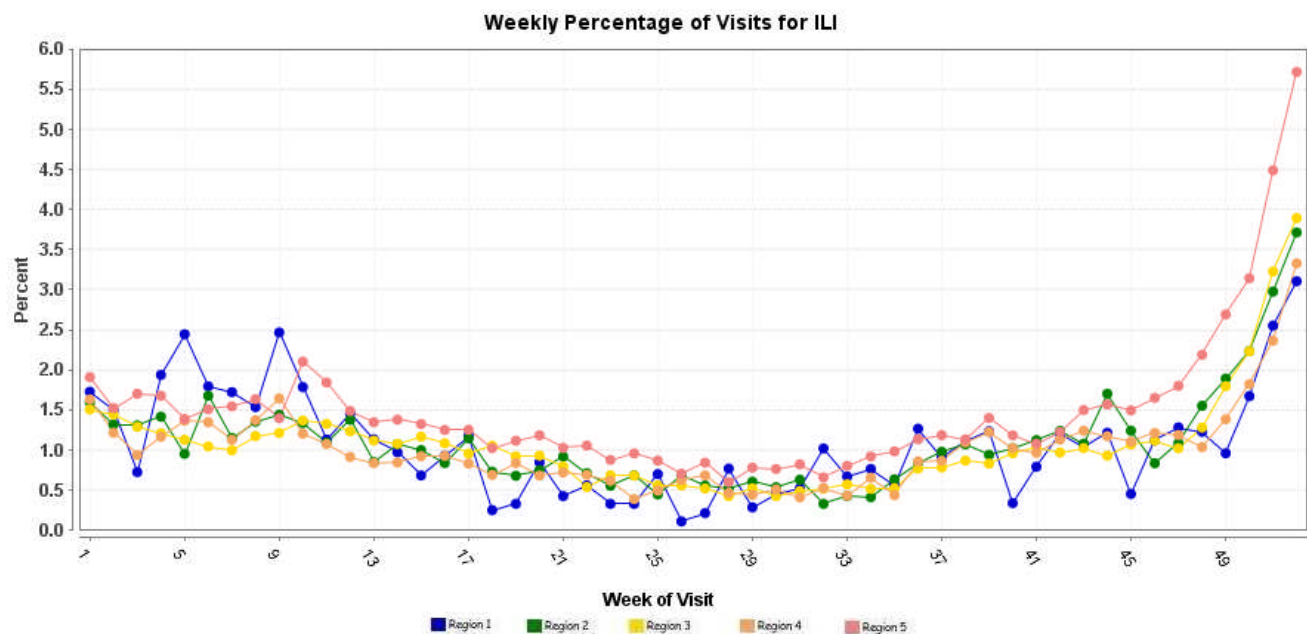
### **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



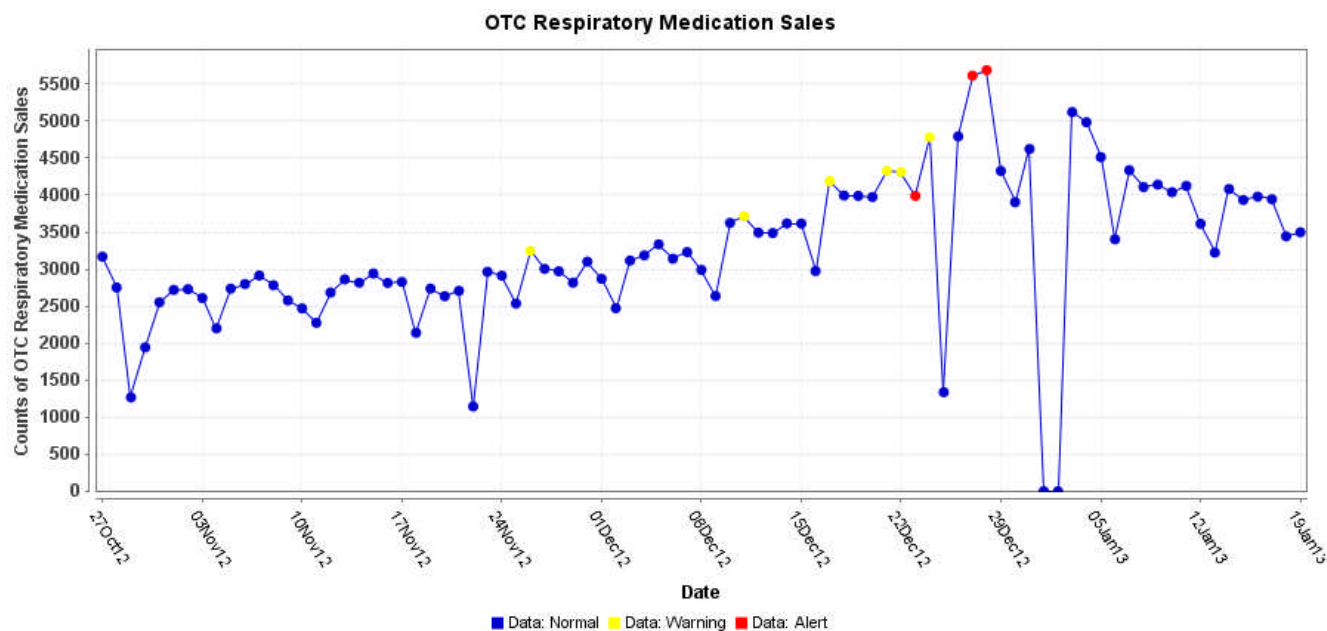
\* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



\*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of January 16, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 610, of which 360 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

## **NATIONAL DISEASE REPORTS\***

**E. COLI EHEC (MISSOURI):** 14 January 2013, The State Milk Board, in conjunction with the Missouri Department of Agriculture and the Missouri Department of Health and Senior Services, announced today, 14 Jan 2013, that Homestead Creamery of Jamesport, Missouri is voluntarily withdrawing a batch of its Flory's Favorite cheese from the marketplace. Preliminary test results received from the Missouri State Health Laboratory indicate the cheese may be contaminated with Shiga-Toxin producing *E. coli* [O103], which can lead to foodborne illness. Confirmatory tests are ongoing. The Homestead Creamery plant license to sell milk products in Missouri has been temporarily suspended, pending the results of the investigation by the State Milk Board and Missouri departments of Agriculture and Health and Senior Services. The withdrawn product, Flory's Favorite, is a 60-day aged cheese made with raw milk. Packages of the cheese are marked with "Packed On 210" on the label. This affects approximately 250 pounds of cheese and does not affect any other dairy products from Homestead Creamery. The withdrawn cheese was sold at Homestead Creamery facility in Jamesport, MO and may have been sold by the following retailers: HyVee in Liberty, MO, HyVee in Trenton, MO, Benedict Builders' Farm in Knob Noster, MO, Milton Creamery in Milton, IA. The Missouri State Milk Board continues to review the company's records to determine when consumers may have purchased the product. Anyone who has purchased the cheese may return the unused portion to the store from which they purchased the product. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS\***

**CRIMEAN-CONGO HEMORRHAGIC FEVER (SOUTH AFRICA):** 14 January 2013, A Bloemfontein businessman is in a critical condition in a Bloemfontein hospital after contracting Crimean-Congo hemorrhagic fever [CCHF], reports Volksblad [newspaper]. He is the 2nd patient to be treated for the virus [infection] in Bloemfontein. A reserve assistant at the Kalkfontien nature reserve outside Fau-resmith was discharged on Friday [11 Jan 2013]. He was admitted on New Year's eve after contracting CCHF virus infection. Hospital spokesperson Esmarie Cronje yesterday said that businessman showed signs of recovery but is still critical. He remains in hospital and is currently on a ventilator. He was aware of being bitten by a tick on New Year's day, and 1st showed signs of illness on 5 Jan 2013, when he developed a headache and fever. Crimean-Congo hemorrhagic fever typically appears suddenly within a few days after a tick bite. The patient may have a range of flu-like symptoms, headache, fever, muscle pain, especially lower back pain, cold shivers and hot sweats. Other possible symptoms are nausea, vomiting, diarrhea and abdominal pain. Generally the patient feels extremely unwell. He or she may appear delirious or confused. After a few days, a measles-like rash may appear, which evolves into one that looks like fine needlepoints which are small areas of bleeding into the skin. The patient may also have nose-bleeds, cough up blood, or pass it through the anus, due to a decrease of platelets. Internal bleeding from other organs may also develop. Because the disease can pass from one human to another through blood contact, people who have been in contact with CCHF fever patients are closely monitored. The patient's wife told Volksblad she remains optimistic under the circumstances: "There are many people praying for him. At 1st I wasn't positive, but now I feel much better. I have to stay positive." (Viral Hemorrhagic Fever are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**YELLOW FEVER (PERU):** 16 January 2013, Following the report from the Office of Epidemiology, Emergencies and Disasters of the Ayacucho Regional Health Office (DIRESA) of a possible case of yellow fever in a young person who died in the Llochegua district, Huanta Province, in the Vraem area [valley of the Apurimac, Ene, and Mantaro rivers], an epidemiological alert has been issued by that agency for the whole region. The supposed victim of this disease was a 16-year-old adolescent, who went to the health center in Llochegua presenting with some of the symptoms of yellow fever, such as high fever, headache, pale skin, and diarrhea. Given this situation, the Director of Public Health Surveillance in the DIRESA, Tania Cardenas Gomez, exhorted people traveling to that area in coming days to get vaccinated against yellow fever in any health establishment, 10 days before going. "This vaccine is completely free. Children over one year of age and people less than 60 years of age can be vaccinated," she stated. She said the disease [virus] is transmitted by mosquitoes infected with the yellow fever virus. An infected person can present with a variable clinical picture from asymptomatic (without signs and symptoms) or a moderate fever (90 percent) with favorable progression, to serious types of disease with massive bleeding and fatality of up to 50 percent. The disease can be prevented by vaccination. The specialist recalled that the last important yellow fever outbreak registered in Ayacucho was in the year 2006, in the Vrae area [valley of the Apurimac and Ene rivers], in the Llochegua and Santa Rosa districts, where 7 cases were registered with a 100 percent death rate. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

\*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

#### **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmdh.org/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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## Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

**Table: Text-based Syndrome Case Definitions and Associated Category A Conditions**

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF  ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person &gt; XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents** (continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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Web Site: [www.dhmf.maryland.gov](http://www.dhmf.maryland.gov)